

NOTICE OF INDEPENDENT REVIEW DECISION

October 22, 2003

RE: MDR Tracking #: M2-03-1768-01
IRO Certificate #: IRO 4326

___ has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The Texas Workers' Compensation Commission (TWCC) has assigned the above referenced case to ___ for independent review in accordance with TWCC Rule §133.308 which allows for medical dispute resolution by an IRO.

___ has performed an independent review of the proposed care to determine if the adverse determination was appropriate. In performing this review, relevant medical records, any documents utilized by the parties referenced above in making the adverse determination, and any documentation and written information submitted in support of the appeal was reviewed.

The independent review was performed by a ___ physician reviewer who is board certified in Orthopedic Surgery which is the same specialty as the treating physician. The ___ physician reviewer has signed a certification statement stating that no known conflicts of interest exist between him or her and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for a determination prior to the referral to ___ for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to this case.

Clinical History

This patient injured her back, neck, and hip on ___ when she fell at work. She has had physical therapy, pain medications, and injections with little relief. An MRI dated 05/20/02 revealed right L5-S1 neural foraminal stenosis and left L5-S1 neural foraminal compromise due to Grade I spondylolisthesis, facet joint hypertrophy, and right bulging annulus. Electromyography and nerve conduction velocity studies showed mild right L5 radiculopathy.

Requested Service(s)

Lumbar discogram with CT scan at L3 to S1

Decision

It is determined that the proposed lumbar discogram with CT scan at L3 to S1 is medically necessary to treat this patient's condition.

Rationale/Basis for Decision

This patient has been through numerous conservative treatment modalities including physical therapy, pain medications, and injections with little relief. The patient has persistent radicular symptomatology and spondylolisthesis at L5-S1. She also has MRI evidence of disc desiccation at L4-5. Lumbar discography would be useful in trying to ascertain whether or not the patient would require a one level fusion at L5-S1 or if that fusion would have to be extended to the L4-5 level. Therefore, the patient should undergo the lumbar discogram with post-discogram CT scan at L3-4, L4-5, and L5-S1. If the patient has no pain at L4-5 and a concordant symptomatic disc at L5-S1, the discogram would not have to be completed at L3-4. However, if the patient is symptomatic at L4-5 and L5-S1, the L3-4 level discogram would be necessary to ascertain whether or not the patient has a valid study. Therefore, it is determined that the proposed lumbar discogram with CT scan at L3 to S1 is medically necessary.

This decision by the IRO is deemed to be a TWCC decision and order.

YOUR RIGHT TO REQUEST A HEARING

Either party to this medical dispute may disagree with all or part of the decision and has a right to request a hearing.

If disputing a spinal surgery prospective decision a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings within **10** (ten) calendar days of your receipt of this decision (28 Tex. Admin. Code 142.5 (c)).

If disputing other prospective medical necessity (preauthorization) decisions a request for a hearing must be in writing, and it must be received by the TWCC Chief Clerk of Proceedings within **20** (twenty) calendar days of your receipt of this decision (28 Tex. Admin. Code 142.5(c)).

This decision is deemed received by you 5 (five) days after it was mailed or the date of fax (28 Tex. Admin. Code 102.5(d)). A request for hearing and a **copy of this decision** must be sent to:

Chief Clerk of Proceedings/Appeals Clerk
Texas Workers' Compensation Commission
P.O. Box 17787
Austin, Texas, 78744
Fax: 512-804-4011

The party appealing this decision shall deliver a copy of its written request for a hearing to all other parties involved in this dispute.

Sincerely,

In accordance with Commission Rule 102.4 (h), I hereby verify that a copy of this Independent Review Organization (IRO) Decision was sent to the carrier, the requestor and claimant via facsimile or U.S. Postal Service from the office of the IRO on this 22 nd day of October 2003.
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